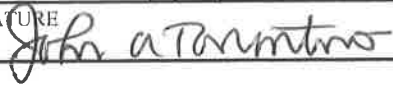


AO 435 (Rev. 03/08)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME John A. Tarantino		2. PHONE NUMBER (401) 274-7200		3. DATE 12/4/2012		
4. MAILING ADDRESS Adler Pollock & Sheehan P.C., One Citizens Plaza		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903	
8. CASE NUMBER 07-cr-134	9. JUDGE William E. Smith		DATES OF PROCEEDINGS			
		10. FROM 12/3/2012		11. TO 12/3/2012		
12. CASE NAME USA v. Southern Union Company		LOCATION OF PROCEEDINGS				
		13. CITY		14. STATE		
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Remand Hearing		
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE 			PROCESSED BY			
19. DATE 12/4/2012			PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS			
		DATE	BY			
ORDER RECEIVED						
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY